

"The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them." *President New Freedom Commission on Mental Health, 2002*

LOS ANGELES COUNTY DMH COMMUNITY SERVICES AND SUPPORTS GUIDING PRINCIPLES
PRESENTED BY THE UNDERREPRESENTED ETHNIC POPULATIONS GROUP
Revised June 7, 2005

The Underrepresented Ethnic Populations (UREP) group proposes the following guiding principles to be adopted within the Los Angeles County Community Services and Supports (CSS) plan and for transformation of the mental health system for all age groups. These guiding principles are consistent with the "Vision Statement and Guiding Principles for DMH Implementation of the MHSA" (February 2005) promulgated by the California Department of Mental Health. Adoption of these principles will ensure quality services for un-served, underserved and inappropriately served ethnic populations of Los Angeles County. UREP strongly recommends that dedicated funds be identified to enhance the Los Angeles County Department of Mental Health's ability to better serve these ethnic populations. A method for dedicated funding will be developed by UREP and presented to the Stakeholder delegates and the countywide sub-committees for their adoption.

Principle 1: Dedicated Funding

Allocate on-going dedicated funding to un-served, underserved and inappropriately served ethnic populations who are un-insured, un-insurable across age groups (children, transitional youth, adult, and older adult) consistent with the language and cultural needs and demographics of communities. This dedicated funding will position DMH to close disparity gaps within the next five years.

Principle 2: Expansion and Transformation of Mental Health Services

Expand the mental health system's capacity to provide services to underrepresented ethnic populations across age groups by increasing the number of community-based organizations and by strengthening partnerships with providers that have long-standing community ties. Underrepresented ethnic communities require more systems development funding to transform and build a culturally competent mental health system. Service expansion should be geographically proportionate to each community's needs, and full-service partnerships criteria should be flexible to include underrepresented ethnic populations, particularly those with co-occurring disorders.

Principle 3: Involvement, Engagement and Empowerment of Consumers and Families

Fully engage consumers, families and community members – such as parents, neighbors and significant others – in culturally effective ways at all levels of the mental health system, including developing treatment options, planning, advocacy, accountability, employment and education. Consumer representation should be reflective of a community's un-served, underserved and inappropriately served ethnic groups and demographics.

Principle 4: Workforce Development and Retention

Develop and implement programs that increase the capacity of the mental health system to recruit, hire, train, and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers and their families who live in and/or reflect the demographics of individual communities.

Principle 5: Access, Outreach and Engagement

Develop and implement culturally and linguistically appropriate strategies, policies, and procedures to increase access to culturally appropriate mental health services for un-served, underserved and inappropriately served ethnic populations. These strategies should include community-based, culturally effective outreach, engagement, and education extending across age groups and responding to historical, geographic disparities and barriers to services.

Principle 6: Cultural Competency

Develop cross-cultural and multi-cultural competency programs throughout the mental health system to ensure quality services for all communities. Expand the theory and practice of community mental health to move beyond traditional models and to create culturally and linguistically sensitive and competent programs that include a strong, family-centered focus and effective, non-traditional approaches. Systems should be designed so that they are built, managed and staffed by experienced, knowledgeable, and competently trained multicultural practitioners and administrators who are appropriately matched to the needs and requests of consumers.